

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORKCorey Jessup

Plaintiff,

[Insert full name of plaintiff/prisoner]

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

JURY DEMAND

YES ☒ NO ☐

-against-

NASSAU COUNTY CORR. FAC.
100 CARMAN AVE. EAST MEADOW,
N.Y. 11554Medial: Nassau County
CORR. FAC. 100 CARMAN AVE
EAST MEADOW, N.Y. 11554

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ MAR 04 2020 ★

BROOKLYN OFFICE

RECEIVED

MAR 06 2020

- I. Parties: (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff

Corey Jessup

If you are incarcerated, provide the name of the facility and address:

NASSAU COUNTY CORR. FAC.100 CARMAN AVEEAST MEADOW, N.Y. 11554

Prisoner ID Number:

2019006968

If you are not incarcerated, provide your current address:

Telephone Number:

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Nassau County Corr. Fac.
Full Name

Job Title

County Workers

Address

100 CARMAN AVE. EAST MEADOW, N.Y. 11554

Defendant No. 2

Nassau County Corr. Fac.
Full Name

Job Title

Medical

Address

100 CARMAN AVE. EAST MEADOW, N.Y. 11554

Defendant No. 3

Full Name

Job Title

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? *(L2-D) housing unit where Mold is in the shower, lead paint is chipped throughout the unit, Fungous in my room that on the vents.*

When did the events happen? (include approximate time and date) *THIS IS A ONGOING matter from the day I arrived in (L2-D) DEC 31st 2019*

Facts: (what happened?)

BACTERIA, ^{PO}PIP, ^{PO}LEAD PAINT, FUNGUS & MOLD, is what I INHALE everyday AND NIGHT from the vent in my cell to the walls in the shower, where top floor shower leak to bottom shower when in use. Mop bucket in middle of dorm floor to PATCH RAIN when it RAIN. Where is the Nassau County Officer's, sit in the bubble with a "AIR PURIFIER" that gives them fresh air 24/7 where my is in danger from toxic effect that MEDICAL Nassau County Jail, Corr. Officer's, & Sheriff's, AS A whole to were they ARE NOT fulfilling there obligation to "keep me AND MY HEALTH safe" while in there CARE, Custody, & Control

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Inadequate Health Care, Neglect the request of my sick-call when I ask for another "full Body EXAMINATION" from my arrival. Now I suffer with bumps under both arm pits, on my buttocks, skin peeling, & bumps on the inside of buttocks, not a treatment: CREAM,

III. Relief: State what relief you are seeking if you prevail on your complaint.

Due to lack of unprofessionalism
I seek 1 million dollar and
that Nassau County Jail along with
Medical, pay all medical &
medicine bills due to the fact
when I put a sick-call for a
full body exam from day of arrival, I was denied

I declare under penalty of perjury that on 20-20-20, I delivered this
complaint to prison authorities at Nassau County Corr. Center to be mailed to the United
(date)
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 2/20/20

Corey J. Papp
Signature of Plaintiff

Name of Prison Facility or Address if not incarcerated

NASSAU County Corr. CTR.
100 CARMAN AVE
EAST MEADOW, N.Y. 11554
Address

2019606968
Prisoner ID#

★ MAR 04 2020 ★

2/17/20

BROOKLYN OFFICE

To: United State District Court,
Eastern District of New York, Attention:
Pro Se Office

From: Corey Jessup, CC# 20190069685685

Loc: E2-D82, MCC. 100 CARMAN Ave East Meadow, N.Y.

I Corey Jessup, truthfully say I am
without money in my account to
pay the fees of this application
and wish to go Pro Se if granted. 11554 HS

Respectfully

Corey Jessup

CHRISTOPHER JOHNSON
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01J06372250
QUALIFIED IN SUFFOLK COUNTY
COMMISSION EXPIRES MARCH 19, 2022

Christopher Johnson

MID-ISLAND NY 115
21 FEB 2020 PM 1 L



Mr. Corey Jessup
C.C.# 2019006968
Location E2302
100 CARMAN AVENUE
EAST MEADOW, NEW YORK 11554-1146

To: United State District Court
Eastern District of New York
225 Cadman PLAZA East. Brooklyn, N.Y.
Att. Pro Sec Office

1120131804 0000